

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020117-5  
B-1 C VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. 2089

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_

(Payee)

PAID BY  
Encl# 17  
DPS 0053  
COPY 1 OF 2

(Address)

(City)

(State)

| No. and Date of Order                  | Date of Delivery or Service | ARTICLES OR SERVICES<br>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)<br>Discount Terms | QUANTITY | UNIT PRICE |     | AMOUNT  |      |
|--|-----------------------------|---|----------|------------|-----|---------|------|
|  |                             |   |          | Cost       | Per | Dollars | Cts. |
|  |                             | Cost  |          |            |     | 96      | 44   |
| Use continuation sheet(s) if necessary |                             |   |          |            |     |         |      |
| Total                                  |                             |   |          |            |     | 96      | 44   |

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Shipped from \_\_\_\_\_

to \_\_\_\_\_

Weight \_\_\_\_\_

Government B/L No. \_\_\_\_\_

Total

96.44

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR

(Sign original only)

(Payee must NOT use this space)

Differences \_\_\_\_\_

Amount verified; correct for \_\_\_\_\_

(Signature or initials) *ee*

96.44

Date 4/25/58

\*Payee \_\_\_\_\_

(Not required when a like certificate is made by payee on attached bill or bills)

Per \_\_\_\_\_

Title \_\_\_\_\_

Contract No. A-101

Date \_\_\_\_\_

Reg. No. \_\_\_\_\_

Date \_\_\_\_\_

Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_

(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_, Payee \_\_\_\_\_ (Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, and the signature must be "per \_\_\_\_\_, Secretary, Treasurer, or \_\_\_\_\_, as the case may be."  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Per \_\_\_\_\_

Title \_\_\_\_\_

STATOTHR